

RHODE ISLAND MEDICARE & MEDICAID FACTBOOK 2003



Health Quality Performance Measurement

RI MEDICARE & MEDICAID FACTBOOK (2003)

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I: INTRODUCTION

Increasingly, the public, purchasers, providers, and policy makers are seeking meaningful information about Health Plans. This Report provides the most comprehensive public source of data on the five largest Medicare and Medicaid Health Plans certified to operate in Rhode Island.¹ Consumers and purchasers may use this information to make better choices among competing Plans or to better understand their chosen Plan. The Plans may use these comparative statistics to identify and focus performance efforts. Policy makers may also use these data to inform their decision-making.

The Health Care Accessibility and Quality Assurance Act (RIGL 23-17.13), passed by the General Assembly in 1996, instituted Health Plan performance reporting in Rhode Island. Since then, RI has become a national leader in this field.² 2003 was the sixth year for which data were collected and the *RI Medicare & Medicaid Factbook (2003)* presents that comparative performance information, both over time and to national benchmarks. A companion publication, the *RI Commercial Health Plans' Performance Report (2003)*, is available for the state's commercial Health Plans (www.health.ri.gov).

The Report is divided into Sections containing similar dimensions of performance. Section II examines enrollment and market share. Section III provides financial data, including premiums, expenses and profitability. Section IV compares utilization statistics. Section V looks at prevention measures and Section VI gives screening statistics. Section VII shows treatment measures and Section VIII provides access information. Lastly, Section IX details the results of member satisfaction surveys and Section X assesses utilization review statistics. Whenever possible, National benchmarks are used to further evaluate the State's performance.

Different users will use this Report in different ways. However, the following guidelines should help improve its utility for everyone.

- **No one measure in and of itself can truly reflect Health Plan performance.** Therefore, the statistics should be viewed in combination and not in isolation.
- **Readers should focus on large differences between Health Plans** that are less likely to be caused by random chance. Generally, differences less than 5% are not considered significant.
- **Readers should recognize there may be reasons why results vary other than differences in quality or administration.** Every Plan enrolls a distinct set of members with unique demographic factors that could affect performance (e.g., age, health status, race/ethnicity, socioeconomic status). In addition, differences in covered benefits may also influence outcomes.
- **Comparable benchmark data** (i.e., New England and United States) are from the National Association of Insurance Commissioners (NAIC) database³ for Section III (Finances), and from Quality Compass (National Committee for Quality Assurance), for all other Sections.
- **This Factbook presents data, but does not analyze the findings.** It is meant as a reference source for interested parties, and policy-makers to interpret the data and act accordingly.

For more information on Medicare and Medicaid Health Plans, please see the following web sites: www.medicare.gov, and <http://hprc.ncqa.org/>.

II: ENROLLMENT

This Section compares Health Plan membership information and market shares.

A. RI Enrollment is the computed RI resident enrollment in a Health Plan for the full year.⁴

1. RI Enrollment				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	40,619	42,177	42,152	0%
UnitedHealthcare	17,220	15,866	15,025	-5%
Rhode Island	57,839	58,043	57,177	-1%
Medicaid:				
BlueCHiP			10,534	---
UnitedHealthcare	39,647	41,229	40,884	-1%
Neighborhood HP	67,341	65,708	65,390	0%
Rhode Island	106,988	106,937	116,808	9%

B. RI Market Share calculates each Plan's percentage of the total RI enrollment.

2. RI Market Shares				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	70%	73%	74%	1%
UnitedHealthcare	30%	27%	26%	-4%
Rhode Island	100%	100%	100%	---
Medicaid:				
BlueCHiP			9%	---
UnitedHealthcare	37%	39%	35%	-9%
Neighborhood HP	63%	61%	56%	-9%
Rhode Island	100%	100%	100%	---

III: FINANCES

This Section presents information on Health Plan financial operations. Included are the average costs of the Plans (i.e., premium revenue), how much they spent on administration and healthcare services, and how profitable they were.

A. Premium Revenue (PMPM) is the average monthly amount a Health Plan receives in payment for each member, or the average cost to purchasers to cover one person for one month.

3. Premium Revenue (PMPM)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	\$546	\$588	\$624	6%
UnitedHealthcare	\$508	\$558	\$582	4%
Rhode Island	\$535	\$580	\$613	6%
New England		\$621	\$677	9%
United States		\$595	\$623	5%
Medicaid:				
BlueCHiP			\$167	---
UnitedHealthcare	\$131	\$146	\$150	2%
Neighborhood HP	\$147	\$148	\$153	3%
Rhode Island	\$141	\$147	\$153	4%
New England		\$185	\$187	1%
United States		\$154	\$153	-1%

B. Medical Expenses are the amounts Health Plans spend on healthcare services for their members expressed on a per member per month (PMPM) basis.

4. Medical Expenses (PMPM)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	\$483	\$533	\$533	0%
UnitedHealthcare	\$385	\$427	\$437	2%
Rhode Island	\$454	\$504	\$507	1%
New England		\$559	\$605	8%
United States		\$518	\$543	5%
Medicaid:				
BlueCHiP			\$153	---
UnitedHealthcare	\$111	\$131	\$140	7%
Neighborhood HP	\$126	\$130	\$139	7%
Rhode Island	\$121	\$130	\$141	8%
New England		\$172	\$171	0%
United States		\$135	\$135	0%

C. Administrative Expenses are the amounts spent on operating the Health Plan, managing its investments and marketing its products expressed on a PMPM basis.

5. Administrative Expenses (PMPM)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	\$33.56	\$40.08	\$41.54	4%
UnitedHealthcare	\$61.20	\$56.69	\$65.43	15%
Rhode Island	\$41.79	\$44.62	\$47.82	7%
New England		\$45.89	\$51.47	12%
United States		\$56.36	\$58.48	4%
Medicaid:				
BlueCHiP			\$26.29	---
UnitedHealthcare	\$25.34	\$17.83	\$18.39	3%
Neighborhood HP	\$13.55	\$13.91	\$17.83	28%
Rhode Island	\$17.92	\$15.42	\$18.79	22%
New England		\$16.80	\$17.65	5%
United States		\$16.76	\$16.43	-2%

D. Underwriting Profits are the net amounts left over after paying all expenses from insuring either the Medicare or Medicaid book-of-business.

6. Underwriting Profit/Loss (PMPM)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	\$29.31	\$15.25	\$49.87	227%
UnitedHealthcare	\$61.69	\$74.16	\$80.12	8%
Rhode Island	\$38.95	\$31.35	\$57.82	84%
New England		\$16.07	\$23.10	44%
United States		\$21.75	\$28.18	30%
Medicaid:				
BlueCHiP			-\$12.42	---
UnitedHealthcare	-\$5.92	-\$2.26	-\$8.90	-294%
Neighborhood HP	\$8.09	\$4.99	-\$1.59	-132%
Rhode Island	\$2.90	\$2.20	-\$5.13	-333%
New England		-\$2.55	-\$1.17	54%
United States		\$2.51	\$3.18	27%

IV: UTILIZATION

This Section gives HEDIS⁵ data on the services a Health Plan provides to its members.

A. Hospital Discharges are the average number of acute-care hospital discharges (excluding substance abuse, mental health and newborn discharges) used by every 1,000 members in a Plan.

7. Hospital Discharges (per 1,000)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	285	295	280	-5%
UnitedHealthcare	243	264	261	-1%
Rhode Island	272	286	275	-4%
Medicaid:				
BlueCHiP			93	---
UnitedHealthcare	63	71	75	6%
Neighborhood HP	94	86	90	5%
Rhode Island	82	80	85	7%
United States	104	104	99	-5%

B. Hospital Days are the average number of acute-care hospital days used by every 1,000 members in a Plan. Excluded are substance abuse, mental health and newborn days.

8. Hospital Days (per 1,000)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	1,691	1,681	1,614	-4%
UnitedHealthcare	1,508	1,549	1,501	-3%
Rhode Island	1,636	1,645	1,585	-4%
Medicaid:				
BlueCHiP			347	---
UnitedHealthcare	219	236	260	10%
Neighborhood HP	319	296	312	5%
Rhode Island	282	273	297	9%
United States	372	365	356	-3%

C. Average Length of Stay is the average number of inpatient days for each acute-care hospital admission.

9. Average Length of Stay				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	5.9	5.7	5.8	2%
UnitedHealthcare	6.2	5.9	5.8	-2%
Rhode Island	6.0	5.8	5.8	1%
Medicaid:				
BlueCHiP			3.7	---
UnitedHealthcare	3.5	3.3	3.5	6%
Neighborhood HP	3.4	3.5	3.5	0%
Rhode Island	3.4	3.4	3.5	3%
United States	3.6	3.5	3.5	1%

D. ED Visits are the average number of visits to the Hospital Emergency Department (that did

not result in the patient being admitted) for every 1,000 members in a Plan.

10. ED Visits (per 1,000)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	257	263	268	2%
UnitedHealthcare	178	266	275	3%
Rhode Island	233	264	270	2%
Medicaid:				
BlueCHiP			489	---
UnitedHealthcare	306	529	575	9%
Neighborhood HP	413	602	592	-2%
Rhode Island	373	574	577	1%
United States	519	593	590	-1%

E. Mental Health Utilization is the percentage of members accessing any mental health services (i.e., inpatient, day treatment or outpatient) during the year.

11. Mental Health Utilization				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	5.2%	5.5%	5.4%	-2%
UnitedHealthcare	4.2%	3.9%	3.8%	-3%
Rhode Island	4.9%	5.1%	5.0%	-2%
Medicaid:				
BlueCHiP			12.2%	---
UnitedHealthcare	9.0%	9.0%	10.2%	13%
Neighborhood HP	7.3%	8.3%	10.1%	22%
Rhode Island	7.9%	8.6%	10.3%	20%
United States	6.3%	7.1%	6.9%	-3%

F. Substance Abuse Utilization is the percentage of members accessing any substance abuse services (i.e., inpatient, day treatment or outpatient) during the year.

12. Substance Abuse Utilization				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	0.2%	0.2%	0.3%	50%
UnitedHealthcare	0.2%	0.2%	0.2%	0%
Rhode Island	0.2%	0.2%	0.3%	37%
Medicaid:				
BlueCHiP			1.3%	---
UnitedHealthcare	0.9%	0.9%	1.0%	11%
Neighborhood HP	0.8%	1.9%	2.1%	11%
Rhode Island	0.8%	1.5%	1.6%	8%
United States	0.9%	0.9%	0.9%	-5%

V: PREVENTION

This Section contains HEDIS measures that look at how effectively a Plan delivers preventive services to keep its members healthy.

A. Childhood Immunization is the percentage of children in the Plan who received the appropriate immunizations⁶ by age 2.

13. Childhood Immunization				
	2001	2002	2003	'02-'03 Change
Medicaid:				
BlueCHiP			69.4%	---
UnitedHealthcare	74.2%	61.1%	58.0%	-5%
Neighborhood HP	67.2%	69.7%	70.3%	1%
Rhode Island	69.8%	66.4%	65.9%	-1%
United States	56.4%	57.7%	61.8%	7%

B. Adolescent Immunization is the percentage of adolescents (turning 13) who received the appropriate immunizations.⁷

14. Adolescent Immunization				
	2001	2002	2003	'02-'03 Change
Medicaid:				
BlueCHiP			69.8%	---
UnitedHealthcare	55.2%	59.4%	54.5%	-8%
Neighborhood HP	63.5%	71.5%	76.0%	6%
Rhode Island	60.4%	66.8%	67.9%	2%
United States	28.5%	42.8%	51.8%	21%

C. Advising Smokers to Quit is the percentage of members (age 18 or older) who are smokers or recent quitters who received advice to quit from a practitioner during the past year.

15. Advising Smokers to Quit

	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	67.7%	65.1%	n/a	---
UnitedHealthcare	n/a	71.4%	n/a	---
Rhode Island	67.7%	66.8%	---	---
Medicaid:				
BlueCHiP			72.0%	---
UnitedHealthcare	n/a	64.3%	67.7%	5%
Neighborhood HP	68.5%	67.0%	69.0%	3%
Rhode Island	68.5%	66.0%	68.8%	4%
United States	64.2%	63.8%	65.9%	3%

VI: SCREENING

This Section contains HEDIS measures that examine how effectively a Plan screens its members for possible medical problems.

A. Breast Cancer Screening is the percentage of women (age 52-69) who had a mammogram within the past two years.

16. Breast Cancer Screening

	2001	2002	2003 ¹	'02-'03 Change
Medicare:				
BlueCHiP	78.7%	79.2%	78.2%	-1%
UnitedHealthcare	77.2%	77.4%	74.3%	-4%
Rhode Island	78.2%	78.7%	77.2%	-2%
United States		76.0%	75.0%	-1%
Medicaid:				
BlueCHiP			n/a	---
UnitedHealthcare	58.2%	62.4%	62.3%	0%
Neighborhood HP	58.1%	65.1%	65.1%	---
Rhode Island	58.1%	64.1%	64.0%	0%
United States	54.9%	56.0%	55.8%	0%

¹ Plans had option of reporting previous year's values

B. Cervical Cancer Screening is the percentage of women (age 21-64) who had one or more Pap tests within the past three years.

17. Cervical Cancer Screening

	2001	2002	2003 ¹	'02-'03 Change
Medicaid:				
BlueCHiP			77.9%	---
UnitedHealthcare	73.6%	83.0%	82.9%	0%
Neighborhood HP	82.8%	81.7%	81.7%	---
Rhode Island	79.4%	82.2%	81.8%	-1%
United States	59.9%	62.2%	63.8%	3%

¹ Plans had option of reporting previous year's values

C. Chlamydia Screening is the percentage of sexually active women (age 16-26) who had at least one chlamydia test within the past year.

18. Chlamydia Screening

	2001	2002	2003 ¹	'02-'03 Change
Medicaid:				
BlueCHiP			46.7%	---
UnitedHealthcare	12.6%	47.5%	51.0%	7%
Neighborhood HP	50.3%	39.2%	43.6%	11%
Rhode Island	36.3%	42.4%	46.5%	10%
United States	38.2%	40.9%	45.0%	10%

¹ Calculation of this statistic changed in 2003, so care should be exercised in comparing 2002-2003 trends

D. Diabetes Care –Eye Exam is the percentage of diabetic members (age 18-75) who received an eye exam for retinal disease within the past year.

19. Diabetes -Eye Exam Screening

	2001	2002	2003 ¹	'02-'03 Change
Medicare:				
BlueCHiP	65.5%	72.5%	70.1%	-3%
UnitedHealthcare	76.2%	70.1%	69.8%	0%
Rhode Island	68.7%	71.8%	70.0%	-3%
United States		72.0%	68.0%	-6%
Medicaid:				
BlueCHiP			53.3%	---
UnitedHealthcare	61.5%	47.0%	53.0%	13%
Neighborhood HP	62.3%	65.2%	54.3%	-17%
Rhode Island	62.0%	58.2%	53.8%	-8%
United States	43.1%	46.8%	45.0%	-4%

¹ Calculation of this statistic changed in 2003, so care should be exercised in comparing 2002-2003 trends

E. Diabetes Care –HbA1c Tested is the percentage of diabetic members (age 18-75) who had a Hemoglobin A1c test within the past year.

20. Diabetes Care -HbA1c Tested				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	88.8%	93.7%	90.5%	-3%
UnitedHealthcare	87.6%	85.6%	87.4%	2%
Rhode Island	88.4%	91.5%	89.7%	-2%
United States		87.0%	89.0%	2%
Medicaid:				
BlueCHiP			81.3%	---
UnitedHealthcare	72.7%	75.9%	76.6%	1%
Neighborhood HP	80.3%	83.2%	86.9%	4%
Rhode Island	77.5%	80.4%	82.8%	3%
United States	68.5%	73.0%	74.9%	3%

F. Cholesterol Screening is the percentage of members (age 18-75) discharged after an acute cardiac event and/or procedure who received an LDL-C screening 60 – 365 days after discharge.

21. Cholesterol Screening ¹				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	83.4%	80.5%	87.8%	9%
UnitedHealthcare	80.1%	78.5%	78.9%	1%
Rhode Island	82.4%	80.0%	85.5%	7%

¹ This statistic is also collected for the Medicaid population but was not reported because of non-significant sample sizes

VII: TREATMENT

This Section contains HEDIS measures that look at the clinical quality of care provided within a Health Plan, how well it treats its members who are ill and whether that care is effectively managing the disease.

A. Controlling High Blood Pressure is the percentage of diagnosed hypertensive members (age 46-85) whose blood pressure was under control (i.e., less than or equal to 140/90).

22. Controlling High Blood Pressure				
	2001	2002	2003 ¹	'02-'03 Change
Medicare:				
BlueCHiP	61.6%	60.3%	71.9%	19%
UnitedHealthcare	61.5%	53.3%	61.6%	16%
Rhode Island	61.5%	58.4%	69.2%	19%
Medicaid:				
BlueCHiP			n/a	---
UnitedHealthcare	50.3%	46.9%	56.7%	21%
Neighborhood HP	57.8%	60.2%	60.2%	---
Rhode Island	55.0%	55.1%	58.9%	7%
United States	45.4%	52.3%	58.2%	11%

¹ Plans had option of reporting previous year's values

B. Beta Blocker Treatment is the percentage of members (age 35 years and older) diagnosed and discharged with acute myocardial infarction who received an outpatient beta blocker prescription at discharge.

23. Beta Blocker Treatment ¹				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	89.4%	96.1%	96.4%	0%
UnitedHealthcare	86.4%	93.4%	95.2%	2%
Rhode Island	88.5%	95.4%	96.1%	1%
United States		95.0%	94.0%	-1%

¹ This statistic is also collected for the Medicaid population but was not reported because of non-significant sample sizes

C. Diabetes Care –HbA1c ‘Controlled’ is the percentage of diabetic members (age 18-75) whose Hemoglobin A1c was under control (i.e., less than 9.0%).

24. Diabetes -HbA1c Controlled ¹				
	2001	2002	2003 ²	'02-'03 Change
Medicare:				
BlueCHiP	50.4%	76.4%	78.6%	3%
UnitedHealthcare	78.1%	63.3%	59.8%	-6%
Rhode Island	58.6%	72.8%	73.7%	1%
Medicaid:				
BlueCHiP			52.0%	---
UnitedHealthcare	53.3%	43.1%	43.3%	0%
Neighborhood HP	54.0%	60.8%	60.3%	-1%
Rhode Island	53.7%	54.0%	53.6%	-1%
United States	45.1%	51.1%	51.5%	1%

¹ This statistic is the complement of the HEDIS Diabetes Care -HbA1c NOT controlled measure

² Calculation of this statistic changed in 2003, so care should be exercised in comparing 2002-2003 trends

D. Antidepressant Medication Mgmt. is the percentage of clinically depressed members (age 18 or older) receiving antidepressant medication and at least three follow-up visits.

25. Antidepressant Medication Mgmt				
	2001	2002	2003 ¹	'02-'03 Change
Medicare:				
BlueCHiP	16.1%	11.5%	2.0%	-83%
UnitedHealthcare	19.0%	16.7%	11.8%	-29%
Rhode Island	16.9%	12.9%	4.6%	-65%
Medicaid:				
BlueCHiP			4.7%	---
UnitedHealthcare	21.6%	24.7%	24.1%	-2%
Neighborhood HP	40.9%	53.1%	25.1%	-53%
Rhode Island	33.7%	42.2%	22.9%	-46%
United States	21.5%	18.4%	18.1%	-2%

¹ Calculation of this statistic changed in 2003, so care should be exercised in comparing 2002-2003 trends

VIII: ACCESS

HEDIS measures in this Section examine if members are obtaining needed services from the healthcare system. Access is one of the most difficult concepts to measure. It means more than healthcare services are simply available. Access means the right patients get the right care in the right amounts at the right time. Most of these measures are proxies for gauging access to particular services.

A. Follow-up for Mental Illness is the percentage of members (age 6 and older) who had a follow-up visit within 30 days of discharge.

26. Follow-up for Mental Illness				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHiP	54.1%	61.0%	60.0%	-2%
UnitedHealthcare	60.4%	60.3%	49.1%	-19%
Rhode Island	56.0%	60.8%	57.1%	-6%
Medicaid:				
BlueCHiP			59.1%	---
UnitedHealthcare	53.7%	61.4%	63.5%	3%
Neighborhood HP	62.9%	53.1%	66.7%	26%
Rhode Island	59.5%	56.3%	64.9%	15%
United States	54.9%	56.7%	55.8%	-1%

B. Prenatal Care Access is the percentage of women delivering a live birth who had a prenatal care visit in the first trimester.

27. Prenatal Care Access				
	2001	2002	2003	'02-'03 Change
Medicaid:				
BlueCHiP			91.2%	---
UnitedHealthcare	70.3%	70.8%	73.2%	3%
Neighborhood HP	74.9%	85.9%	86.7%	1%
Rhode Island	73.2%	80.1%	82.4%	3%
United States	72.6%	70.4%	76.0%	8%

C. Postpartum Care Access is the percentage of women delivering a live birth who had a postpartum care visit between 21 and 56 days after delivery.

28. Postpartum Care Access				
	2001	2002	2003	'02-'03 Change
Medicaid:				
BlueCHiP			72.9%	---
UnitedHealthcare	53.9%	56.5%	67.9%	20%
Neighborhood HP	57.2%	61.0%	63.8%	5%
Rhode Island	56.0%	59.3%	66.1%	11%
United States	49.8%	52.1%	55.2%	6%

D. Well Child Visits measures the percentage of members age 3-6 who received a primary care visit during the year.

29. Well Child Visits				
	2001	2002	2003	'02-'03 Change
Medicaid:				
BlueCHiP			70.5%	---
UnitedHealthcare	69.7%	73.7%	72.6%	-1%
Neighborhood HP	67.6%	75.0%	75.7%	1%
Rhode Island	68.4%	74.5%	74.1%	0%
United States	53.3%	58.2%	60.5%	4%

E. Adolescent Well-Care Visits measures the percentage of members age 12-21 who had a primary care visit in the past year.

30. Adolescent Well-Care Visits				
	2001	2002	2003	'02-'03 Change
Medicaid:				
BlueCHiP			54.6%	---
UnitedHealthcare	48.6%	51.1%	51.7%	1%
Neighborhood HP	48.5%	55.7%	53.3%	-4%
Rhode Island	48.5%	53.9%	52.9%	-2%
United States	30.7%	37.1%	37.4%	1%

IX: SATISFACTION

This Section provides CAHPS⁸ information on the percentage of members who were satisfied with their experience of care based on a 10 point satisfaction scale.⁹ Also included are statewide White and Minority satisfaction rates, and complaint rates within Health Plans.

A. Satisfaction with Healthcare are the percentages of members indicating overall satisfaction with all of the healthcare services received.

31. Satisfaction with Healthcare				
	2001	2002	2003	'02-'03 Change
Medicare¹:				
BlueCHiP	53.0%	52.0%	56.0%	8%
UnitedHealthcare	57.0%	54.0%	54.0%	0%
Rhode Island	54.2%	52.5%	55.5%	6%
United States		44.0%	44.0%	0%
Medicaid¹:				
BlueCHiP			76.6%	---
UnitedHealthcare	76.2%	79.0%	80.3%	2%
Neighborhood HP	73.9%	73.8%	72.7%	-1%
Rhode Island	74.8%	75.8%	75.7%	0%
United States	70.0%	71.9%	72.1%	0%

¹ Medicare & Medicaid measures are calculated differently

B. Satisfaction with Health Plans are the percentages of members indicating overall satisfaction with the Health Plan itself

32. Satisfaction with Health Plans				
	2001	2002	2003	'02-'03 Change
Medicare¹:				
BlueCHiP	42.0%	40.0%	31.0%	-23%
UnitedHealthcare	44.0%	45.0%	45.0%	0%
Rhode Island	42.6%	41.4%	34.7%	-16%
United States		38.0%	32.0%	-16%
Medicaid¹:				
BlueCHiP			76.9%	---
UnitedHealthcare	79.9%	78.3%	80.6%	3%
Neighborhood HP	71.5%	76.6%	79.7%	4%
Rhode Island	74.6%	77.3%	79.8%	3%
United States	67.0%	69.7%	69.8%	0%

¹ Medicare & Medicaid measures are calculated differently

C. White & Minority Satisfaction Rates are the 2003 statewide White and Minority satisfaction rates for different aspects of care. Minority members are an aggregate of all racial and ethnic minority categories¹⁰ in order to get larger sample sizes. Further, all rates are presented on an aggregate, statewide basis, rather than a Plan by Plan basis, again to get larger sample sizes.¹¹

33. White & Minority Satisfaction Rates				
% 'satisfied' with:	Health Care	Health Plan	Doctor	Specialist
Medicaid:				
White Members¹	77%	79%	79%	76%
Minority Members²	80%	81%	80%	75%

¹ White AND Non-Hispanic

² Hispanic AND/OR racial minority

D. Complaint Rates are the percentages of survey respondents that called or wrote to their Health Plans with a problem or complaint within the past 12 months.

34. Complaint Rates				
	2001	2002	2003	'02-'03 Change
Medicaid:				
BlueCHIP			11.1%	---
UnitedHealthcare			11.5%	---
Neighborhood HP			6.8%	---
Rhode Island			8.8%	---
United States			9.5%	---

X: UTILIZATION REVIEW

Utilization Review (UR) is the process Health Plans use to determine if services to members are medically necessary. Most Health Plans will only pay for covered services if they are medically necessary.

A. Adverse Determinations Some Health Plans require members to get authorization for covered services before they will pay for them. If a review determines the service is not medically necessary, the Health Plan (or its UR agent) will deny the request (i.e., make an adverse determination). Such reviews may be conducted prospective to, concurrent with, or retrospective to a patient's hospital stay or course of treatment.

35. Adverse Determinations¹ (per 1,000²)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHIP	13.1	11.0	16.8	53%
UnitedHealthcare	15.2	5.7	2.1	-62%
Rhode Island	13.7	9.6	13.0	36%
Medicaid:				
BlueCHIP			19.9	---
UnitedHealthcare	7.6	7.4	24.6	230%
Neighborhood HP	3.0	2.8	3.9	39%
Rhode Island	4.7	4.6	12.6	174%

¹ Includes prospective, concurrent, and retrospective ADs

² RI residents & non-residents accessing care in RI

B. Overturned Appeals When a Health Plan determines a covered service is not medically necessary and denies payment, a member may appeal that decision according to state law.¹² When such an appeal is overturned, it means that the original decision to deny payment was reversed (i.e., the appeal was successful on the part of the member).

36. Overturned Appeals¹ (per 1,000²)				
	2001	2002	2003	'02-'03 Change
Medicare:				
BlueCHIP	3.0	11.7	12.8	9%
UnitedHealthcare	0.4	0.0	0.0	---
Rhode Island	2.2	8.5	9.4	11%
Medicaid:				
BlueCHIP			2.3	---
UnitedHealthcare	1.0	0.4	2.5	465%
Neighborhood HP	0.9	0.5	0.3	-39%
Rhode Island	0.9	0.5	1.3	149%

¹ Includes level 1, level 2, and external Appeals

² RI residents & non-residents accessing care in RI

ENDNOTES:

- ¹ Includes full-service Health Plans (excludes vision & dental Plans) with 10,000+ RI members (i.e., BlueChiP (Blue Cross -Coordinated Health Partners, Medicare & Medicaid), UnitedHealthcare –NE (Medicare & Medicaid), Neighborhood Health Plan of NE (Medicaid))
- ² The State of the Art in Health Plan Performance Reporting, Kingsley J., Cryan B., HEALTH, Feb. 2002
- ³ Raw data extracted from the NAIC database using Thomson Financial Insurance Solutions software. 2003 Medicare benchmarks included: 138 Plans nationally and 9 Plans in N.E. 2002 Medicare benchmarks included 130 Plans nationally and 9 Plans in N.E.. 2003 Medicaid benchmarks included: 169 Plans nationally and 9 Plans in N.E.. 2002 Medicaid benchmarks included 165 Plans nationally and 9 Plans in N.E.
- ⁴ This statistic is calculated by dividing the RI Resident Member Months by 12.
- ⁵ HEDIS (Health Plan Employer Data and Information Set) is a set of performance measures for the managed care industry, administered by the National Committee for Quality Assurance (NCQA), Medicare HEDIS measures are administered by the Center for Medicare and Medicaid Services.
- ⁶ includes: four DPT or DtaP vaccinations and three OPV or IPV vaccinations and one MMR and three HIB vaccinations, and three hepatitis B vaccinations
- ⁷ includes: the second MMR and three hepatitis B vaccinations
- ⁸ CAHPS (Consumer Assessment of Health Plans) is a set of standardized surveys assessing patient satisfaction and is administered by the National Committee for Quality Assurance (NCQA).
- ⁹ For Medicaid & Medicare methodologies, see NCQA's HEDIS 2004, Volumes 3 & 6, respectively, also, NCQA does not calculate confidence intervals for CAHPS survey results (Vol.3, p 230)
- ¹⁰ Includes: African Americans, Asians, Native Indians, Pacific Islanders; and Hispanics
- ¹¹ Generally, a Health Plan must achieve a minimum of 100 responses to have valid results published (HEDIS 2004, Volume 3, p 186). In calculating the Minority & White satisfaction rates, 2 of the 3 Plans had minority samples less than 100 on 3 of the 4 measures, so the results were aggregated up to the statewide level.
- ¹² RI state law provides for three levels of appeals, two are internal and the final is externally arbitrated